

PATENT APPLICATION**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION****ATTORNEY DOCKET NO. 03-02US**

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CYANOCOBALAMIN LOW VISCOSITY AQUEOUS FORMULATIONS FOR INTRANASAL DELIVERY

the specification of which is attached hereto unless the following box is checked:

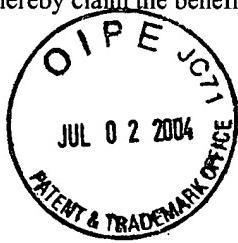
(X) was filed on 2/26/2004 as US Application Serial No. 10/787,385 or PCT International Application

Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:



APPLICATION SERIAL	FILING DATE
60/451,899	3/4/2003
60/461,583	4/8/2003
60/474,204	5/29/2003

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS(patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) listed below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Paul G. Lunn, Reg. No. 32743

Send Correspondence to:	Direct Telephone Calls To:
Paul G. Lunn Nastech Pharmaceutical Company Inc. 3450 Monte Villa Parkway Bothell, WA 98021-8906	Paul G. Lunn (425) 908-3643

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Steven C. QuayCitizenship: USResidence: 23632 Hwy 99 Ste. F PMB 454, Edmonds, WA 98026-9224Post Office Address: Same

Inventor's Signature

Date

6/18/04

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**

ATTORNEY DOCKET NO. 03-02US

Full Name of Inventor: Peter C. Aprile **Citizenship:** US

Residence: 84 Wintercress Lane, East Northport, New York 11731 United States of America

Post Office Address: Same

Inventor's Signature _____ **Date** _____

Full Name of Inventor: Zenaida O. Go **Citizenship:** US

Residence: 565 Grove Street, Apartment 16D, Clifton, NJ 07013, United States of America

Post Office Address: Same

Zenaida Go _____ 6/18/04 _____
Inventor's Signature _____ **Date** _____

Full Name of Inventor: Anthony P. Sileno **Citizenship:** US

Residence: 10 Highview Boulevard, Brookhaven Hamlet, NY 11719

Post Office Address: Same

Inventor's Signature _____ **Date** _____

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION (continued)**

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Full Name of Inventor: Peter C. Aprile **Citizenship: US**

Residence: 84 Wintercress Lane, East Northport, New York 11731 United States of America

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6/18/04

Inventor's Signature

Date

Full Name of Inventor: Zenaida O. Go **Citizenship: US**

Residence: 565 Grove Street, Apartment 16D, Clifton, NJ 07013, United States of America

Post Office Address: Same

Inventor's Signature

Date

Full Name of Inventor: Anthony P. Sileno **Citizenship: US**

Residence: 10 Highview Boulevard, Brookhaven Hamlet, NY 11719

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Inventor's Signature

Date

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Residence: 84 Wintercress Lane, East Northport, New York 11731 United States of America

Post Office Address: Same

Inventor's Signature _____ **Date** _____

Full Name of Inventor: Zenaida O. Go **Citizenship:** US

Residence: 565 Grove Street, Apartment 16D, Clifton, NJ 07013, United States of America

Post Office Address: Same

Inventor's Signature _____ **Date** _____

Full Name of Inventor: Anthony P. Sileno **Citizenship:** US

Residence: 10 Highview Boulevard, Brookhaven Hamlet, NY 11719

Post Office Address: Same

Inventor's Signature _____ **Date** 6/15/04